**Thesis Research Proposal and Supervisor Agreement Form**

**Note:** This form serves to outline the proposed graduate thesis research and must be completed by the student and proposed faculty thesis supervisor(s). It should be submitted as part of your MSc or PhD application.

|  |  |
| --- | --- |
| **Student’s Name** |  |
| **Student’s Email** |  |
| **Program (MSc of PhD)** |  |
| **Specialization** |  |

|  |  |
| --- | --- |
| **Supervisor’s Name** |  |
| **Supervisor’s Department** |  |
| **Supervisor’s Email** |  |
| **Co-supervisor’ Name**  **(if applicable)** |  |
| **Co-supervisor’s Email** |  |

**Part 1. Abstract of the proposed thesis research**

(E.g.: Background/rationale, research question(s), aims; ~1 page, include additional pages as needed)

**Part 2A. Agreement to Supervise**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ commit to supervise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the proposed thesis.

Supervisor’s Name Graduate Student’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date

**Part 2.B Agreement to Co-Supervise (required if supervisor is not a core faculty member in Health Sciences)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ commit to co-supervise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the proposed thesis.

Co-Supervisor’s Name Graduate Student’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Supervisor Signature Date

**Part 3. Student Agreement**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**Part 4. Confirmation of Support\*** (To be completed by Supervisor)

☐ I have existing funding to pay the Student for the duration of his/her programme

☐ I do not have existing funding to pay the Student for the duration of his/her programme

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Research Assistantship (per year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*For adjunct professors and supervisors external to Health Sciences who are providing Research Assistant support for graduate students using funds held outside Carleton University, we ask that a letter is provided detailing this support. The letter should indicate the funding source, the amount being paid, duration of the RA award, how it will be paid, and indication that this has been discussed with the student. This letter will be uploaded as an attachment in the student’s online application file.

**Once completed, upload this document to the application site with your other documents.**

**For more information on admission to the graduate programmes in Health Sciences and required documents please visit: https://carleton.ca/healthsciences/health-sciences/graduate/admissions/**